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|--|--|--------------------------|----------------------|
| <b>FEE TRANSMITTAL</b><br><b>for FY 2004</b> |  | <b>Complete if Known</b> |                      |
| Patent fees are subject to annual revision.  |  | Application Number       | 09/862,869           |
|  |  | Confirmation Number      | 1083                 |
|  |  | Filing Date              | May 22, 2001         |
|  |  | First Named Inventor     | Nobuhiko (NMN) Honma |
|  |  | Examiner Name            | Margaret V. Einsmann |
|  |  | Art Unit                 | 1761                 |
| <b>TOTAL AMOUNT OF PAYMENT (\$)</b> 770.00   |  | Attorney Docket No.      | AA472                |

| <b>METHOD OF PAYMENT</b>  |                 |   | <b>FEES CALCULATION (continued)</b>   |           |                 |          |      |                 |                    |                          |      |                                   |                          |                          |      |  |                          |                          |      |                           |                          |                          |   |   |                          |                   |                 |   |                          |           |                |  |                          |      |      |  |                          |      |     |  |                          |      |     |  |                          |      |       |  |                          |      |       |  |                          |      |     |                  |                          |      |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |  |                          |      |     |  |                          |      |     |   |                                     |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |                    |  |                         |  |                                    |  |  |  |
|---|-----------------|---|---|-----------|-----------------|----------|------|-----------------|--------------------|--------------------------|------|-----------------------------------|--------------------------|--------------------------|------|--|--------------------------|--------------------------|------|---------------------------|--------------------------|--------------------------|---|---|--------------------------|-------------------|-----------------|---|--------------------------|-----------|----------------|--|--------------------------|------|------|--|--------------------------|------|-----|--|--------------------------|------|-----|--|--------------------------|------|-------|--|--------------------------|------|-------|--|--------------------------|------|-----|------------------|--------------------------|------|-----|--|--------------------------|------|-----|--------------------------|--------------------------|------|-------|---|--------------------------|------|-----|----------------------------------|--------------------------|------|-------|------------------------------------|--------------------------|------|-------|--------------------------------|--------------------------|------|-----|------------------|--------------------------|------|-----|-------------------------------|--------------------------|------|----|--|--------------------------|------|-----|--|--------------------------|------|-----|--|--------------------------|------|-----|--|--------------------------|------|-----|---|-------------------------------------|------|-----|---|--------------------------|------|------|---|--------------------------|---------------------------|--|--|--------------------------|---------------------------|--|--|--------------------------|--------------------|--|-------------------------|--|------------------------------------|--|--|--|
| <p>1. <input checked="" type="checkbox"/> The Director is hereby authorized to charge indicated fees submitted on this form, credit any over payments, and charge any additional fee(s) during the pendency of this application to:</p> <p>Deposit Account Number: 16-2480<br/>Deposit Account Name: The Procter &amp; Gamble Company</p>   |                 |   | <p>3. ADDITIONAL FEES</p> <table> <thead> <tr> <th>Code</th> <th>(S)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>1051</td> <td>130</td> <td>Surcharge-late filing fee or oath</td> <td><input type="checkbox"/></td> </tr> <tr> <td>1052</td> <td>50</td> <td>Surcharge-late provisional filing fee or cover sheet</td> <td><input type="checkbox"/></td> </tr> <tr> <td>1053</td> <td>130</td> <td>Non-English specification</td> <td><input type="checkbox"/></td> </tr> <tr> <td>1812</td> <td>2,520</td> <td>For filing a request for ex parte reexamination</td> <td><input type="checkbox"/></td> </tr> <tr> <td>1804</td> <td>920*</td> <td>Requesting publication of SIR prior to Examiner's action []</td> <td><input type="checkbox"/></td> </tr> <tr> <td>1805</td> <td>1,840*</td> <td>Requesting publication of SIR after Examiner's action []</td> <td><input type="checkbox"/></td> </tr> <tr> <td>1251</td> <td>110</td> <td>Extension for reply within 1<sup>st</sup> month</td> <td><input type="checkbox"/></td> </tr> <tr> <td>1252</td> <td>420</td> <td>Extension for reply within 2<sup>nd</sup> month</td> <td><input type="checkbox"/></td> </tr> <tr> <td>1253</td> <td>950</td> <td>Extension for reply within 3<sup>rd</sup> month</td> <td><input type="checkbox"/></td> </tr> <tr> <td>1254</td> <td>1,480</td> <td>Extension for reply within 4<sup>th</sup> month</td> <td><input type="checkbox"/></td> </tr> <tr> <td>1255</td> <td>2,010</td> <td>Extension for reply within 5<sup>th</sup> month</td> <td><input type="checkbox"/></td> </tr> <tr> <td>1401</td> <td>330</td> <td>Notice of Appeal</td> <td><input type="checkbox"/></td> </tr> <tr> <td>1402</td> <td>330</td> <td>Filing a brief in support of an appeal</td> <td><input type="checkbox"/></td> </tr> <tr> <td>1403</td> <td>290</td> <td>Request for oral hearing</td> <td><input type="checkbox"/></td> </tr> <tr> <td>1451</td> <td>1,510</td> <td>Petition to institute a public use proceeding</td> <td><input type="checkbox"/></td> </tr> <tr> <td>1452</td> <td>110</td> <td>Petition to revive - unavoidable</td> <td><input type="checkbox"/></td> </tr> <tr> <td>1453</td> <td>1,330</td> <td>Petition to revive - unintentional</td> <td><input type="checkbox"/></td> </tr> <tr> <td>1501</td> <td>1,330</td> <td>Utility issue fee (or reissue)</td> <td><input type="checkbox"/></td> </tr> <tr> <td>1502</td> <td>480</td> <td>Design issue fee</td> <td><input type="checkbox"/></td> </tr> <tr> <td>1460</td> <td>130</td> <td>Petitions to the Commissioner</td> <td><input type="checkbox"/></td> </tr> <tr> <td>1807</td> <td>50</td> <td>Processing fee under 37 C.F.R. 1.17(a)</td> <td><input type="checkbox"/></td> </tr> <tr> <td>1806</td> <td>180</td> <td>Submission of Information Disclosure Statement</td> <td><input type="checkbox"/></td> </tr> <tr> <td>1809</td> <td>770</td> <td>Filing a submission after final rejection<br/>(37 CFR § 1.129(a))</td> <td><input type="checkbox"/></td> </tr> <tr> <td>1810</td> <td>770</td> <td>For each additional invention to be examined (37 CFR § 1.129(b))</td> <td><input type="checkbox"/></td> </tr> <tr> <td>1801</td> <td>770</td> <td>Request for Continued Examination (RCE)</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>1802</td> <td>900</td> <td>Request for expedited examination of a design application</td> <td><input type="checkbox"/></td> </tr> <tr> <td>1454</td> <td>1330</td> <td>Acceptance of unintentionally delayed claim for priority under 35 U.S.C. 119, 120, 121, or 365 (a) or (c)</td> <td><input type="checkbox"/></td> </tr> <tr> <td colspan="3">Other fee (specify) _____</td> <td><input type="checkbox"/></td> </tr> <tr> <td colspan="3">Other fee (specify) _____</td> <td><input type="checkbox"/></td> </tr> <tr> <td colspan="2">SUBTOTAL (2) (\$0)</td> <td colspan="2">SUBTOTAL (3) (\$ [770])</td> </tr> <tr> <td colspan="4">* Reduced by Basic Filing Fee Paid</td> </tr> </tbody> </table> |           |                 | Code     | (S)  | Fee Description | Fee Paid           | 1051                     | 130  | Surcharge-late filing fee or oath | <input type="checkbox"/> | 1052                     | 50   | Surcharge-late provisional filing fee or cover sheet | <input type="checkbox"/> | 1053                     | 130  | Non-English specification | <input type="checkbox"/> | 1812                     | 2,520   | For filing a request for ex parte reexamination | <input type="checkbox"/> | 1804              | 920*            | Requesting publication of SIR prior to Examiner's action [] | <input type="checkbox"/> | 1805      | 1,840*         | Requesting publication of SIR after Examiner's action [] | <input type="checkbox"/> | 1251 | 110  | Extension for reply within 1 <sup>st</sup> month | <input type="checkbox"/> | 1252 | 420 | Extension for reply within 2 <sup>nd</sup> month | <input type="checkbox"/> | 1253 | 950 | Extension for reply within 3 <sup>rd</sup> month | <input type="checkbox"/> | 1254 | 1,480 | Extension for reply within 4 <sup>th</sup> month | <input type="checkbox"/> | 1255 | 2,010 | Extension for reply within 5 <sup>th</sup> month | <input type="checkbox"/> | 1401 | 330 | Notice of Appeal | <input type="checkbox"/> | 1402 | 330 | Filing a brief in support of an appeal | <input type="checkbox"/> | 1403 | 290 | Request for oral hearing | <input type="checkbox"/> | 1451 | 1,510 | Petition to institute a public use proceeding | <input type="checkbox"/> | 1452 | 110 | Petition to revive - unavoidable | <input type="checkbox"/> | 1453 | 1,330 | Petition to revive - unintentional | <input type="checkbox"/> | 1501 | 1,330 | Utility issue fee (or reissue) | <input type="checkbox"/> | 1502 | 480 | Design issue fee | <input type="checkbox"/> | 1460 | 130 | Petitions to the Commissioner | <input type="checkbox"/> | 1807 | 50 | Processing fee under 37 C.F.R. 1.17(a) | <input type="checkbox"/> | 1806 | 180 | Submission of Information Disclosure Statement | <input type="checkbox"/> | 1809 | 770 | Filing a submission after final rejection<br>(37 CFR § 1.129(a)) | <input type="checkbox"/> | 1810 | 770 | For each additional invention to be examined (37 CFR § 1.129(b)) | <input type="checkbox"/> | 1801 | 770 | Request for Continued Examination (RCE) | <input checked="" type="checkbox"/> | 1802 | 900 | Request for expedited examination of a design application | <input type="checkbox"/> | 1454 | 1330 | Acceptance of unintentionally delayed claim for priority under 35 U.S.C. 119, 120, 121, or 365 (a) or (c) | <input type="checkbox"/> | Other fee (specify) _____ |  |  | <input type="checkbox"/> | Other fee (specify) _____ |  |  | <input type="checkbox"/> | SUBTOTAL (2) (\$0) |  | SUBTOTAL (3) (\$ [770]) |  | * Reduced by Basic Filing Fee Paid |  |  |  |
| Code  | (S)             | Fee Description   | Fee Paid  |           |                 |          |      |                 |                    |                          |      |                                   |                          |                          |      |  |                          |                          |      |                           |                          |                          |   |   |                          |                   |                 |   |                          |           |                |  |                          |      |      |  |                          |      |     |  |                          |      |     |  |                          |      |       |  |                          |      |       |  |                          |      |     |                  |                          |      |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |  |                          |      |     |  |                          |      |     |   |                                     |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |                    |  |                         |  |                                    |  |  |  |
| 1051  | 130             | Surcharge-late filing fee or oath   | <input type="checkbox"/>  |           |                 |          |      |                 |                    |                          |      |                                   |                          |                          |      |  |                          |                          |      |                           |                          |                          |   |   |                          |                   |                 |   |                          |           |                |  |                          |      |      |  |                          |      |     |  |                          |      |     |  |                          |      |       |  |                          |      |       |  |                          |      |     |                  |                          |      |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |  |                          |      |     |  |                          |      |     |   |                                     |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |                    |  |                         |  |                                    |  |  |  |
| 1052  | 50              | Surcharge-late provisional filing fee or cover sheet  | <input type="checkbox"/>  |           |                 |          |      |                 |                    |                          |      |                                   |                          |                          |      |  |                          |                          |      |                           |                          |                          |   |   |                          |                   |                 |   |                          |           |                |  |                          |      |      |  |                          |      |     |  |                          |      |     |  |                          |      |       |  |                          |      |       |  |                          |      |     |                  |                          |      |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |  |                          |      |     |  |                          |      |     |   |                                     |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |                    |  |                         |  |                                    |  |  |  |
| 1053  | 130             | Non-English specification   | <input type="checkbox"/>  |           |                 |          |      |                 |                    |                          |      |                                   |                          |                          |      |  |                          |                          |      |                           |                          |                          |   |   |                          |                   |                 |   |                          |           |                |  |                          |      |      |  |                          |      |     |  |                          |      |     |  |                          |      |       |  |                          |      |       |  |                          |      |     |                  |                          |      |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |  |                          |      |     |  |                          |      |     |   |                                     |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |                    |  |                         |  |                                    |  |  |  |
| 1812  | 2,520           | For filing a request for ex parte reexamination   | <input type="checkbox"/>  |           |                 |          |      |                 |                    |                          |      |                                   |                          |                          |      |  |                          |                          |      |                           |                          |                          |   |   |                          |                   |                 |   |                          |           |                |  |                          |      |      |  |                          |      |     |  |                          |      |     |  |                          |      |       |  |                          |      |       |  |                          |      |     |                  |                          |      |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |  |                          |      |     |  |                          |      |     |   |                                     |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |                    |  |                         |  |                                    |  |  |  |
| 1804  | 920*            | Requesting publication of SIR prior to Examiner's action []   | <input type="checkbox"/>  |           |                 |          |      |                 |                    |                          |      |                                   |                          |                          |      |  |                          |                          |      |                           |                          |                          |   |   |                          |                   |                 |   |                          |           |                |  |                          |      |      |  |                          |      |     |  |                          |      |     |  |                          |      |       |  |                          |      |       |  |                          |      |     |                  |                          |      |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |  |                          |      |     |  |                          |      |     |   |                                     |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |                    |  |                         |  |                                    |  |  |  |
| 1805  | 1,840*          | Requesting publication of SIR after Examiner's action []  | <input type="checkbox"/>  |           |                 |          |      |                 |                    |                          |      |                                   |                          |                          |      |  |                          |                          |      |                           |                          |                          |   |   |                          |                   |                 |   |                          |           |                |  |                          |      |      |  |                          |      |     |  |                          |      |     |  |                          |      |       |  |                          |      |       |  |                          |      |     |                  |                          |      |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |  |                          |      |     |  |                          |      |     |   |                                     |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |                    |  |                         |  |                                    |  |  |  |
| 1251  | 110             | Extension for reply within 1 <sup>st</sup> month  | <input type="checkbox"/>  |           |                 |          |      |                 |                    |                          |      |                                   |                          |                          |      |  |                          |                          |      |                           |                          |                          |   |   |                          |                   |                 |   |                          |           |                |  |                          |      |      |  |                          |      |     |  |                          |      |     |  |                          |      |       |  |                          |      |       |  |                          |      |     |                  |                          |      |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |  |                          |      |     |  |                          |      |     |   |                                     |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |                    |  |                         |  |                                    |  |  |  |
| 1252  | 420             | Extension for reply within 2 <sup>nd</sup> month  | <input type="checkbox"/>  |           |                 |          |      |                 |                    |                          |      |                                   |                          |                          |      |  |                          |                          |      |                           |                          |                          |   |   |                          |                   |                 |   |                          |           |                |  |                          |      |      |  |                          |      |     |  |                          |      |     |  |                          |      |       |  |                          |      |       |  |                          |      |     |                  |                          |      |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |  |                          |      |     |  |                          |      |     |   |                                     |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |                    |  |                         |  |                                    |  |  |  |
| 1253  | 950             | Extension for reply within 3 <sup>rd</sup> month  | <input type="checkbox"/>  |           |                 |          |      |                 |                    |                          |      |                                   |                          |                          |      |  |                          |                          |      |                           |                          |                          |   |   |                          |                   |                 |   |                          |           |                |  |                          |      |      |  |                          |      |     |  |                          |      |     |  |                          |      |       |  |                          |      |       |  |                          |      |     |                  |                          |      |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |  |                          |      |     |  |                          |      |     |   |                                     |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |                    |  |                         |  |                                    |  |  |  |
| 1254  | 1,480           | Extension for reply within 4 <sup>th</sup> month  | <input type="checkbox"/>  |           |                 |          |      |                 |                    |                          |      |                                   |                          |                          |      |  |                          |                          |      |                           |                          |                          |   |   |                          |                   |                 |   |                          |           |                |  |                          |      |      |  |                          |      |     |  |                          |      |     |  |                          |      |       |  |                          |      |       |  |                          |      |     |                  |                          |      |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |  |                          |      |     |  |                          |      |     |   |                                     |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |                    |  |                         |  |                                    |  |  |  |
| 1255  | 2,010           | Extension for reply within 5 <sup>th</sup> month  | <input type="checkbox"/>  |           |                 |          |      |                 |                    |                          |      |                                   |                          |                          |      |  |                          |                          |      |                           |                          |                          |   |   |                          |                   |                 |   |                          |           |                |  |                          |      |      |  |                          |      |     |  |                          |      |     |  |                          |      |       |  |                          |      |       |  |                          |      |     |                  |                          |      |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |  |                          |      |     |  |                          |      |     |   |                                     |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |                    |  |                         |  |                                    |  |  |  |
| 1401  | 330             | Notice of Appeal  | <input type="checkbox"/>  |           |                 |          |      |                 |                    |                          |      |                                   |                          |                          |      |  |                          |                          |      |                           |                          |                          |   |   |                          |                   |                 |   |                          |           |                |  |                          |      |      |  |                          |      |     |  |                          |      |     |  |                          |      |       |  |                          |      |       |  |                          |      |     |                  |                          |      |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |  |                          |      |     |  |                          |      |     |   |                                     |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |                    |  |                         |  |                                    |  |  |  |
| 1402  | 330             | Filing a brief in support of an appeal  | <input type="checkbox"/>  |           |                 |          |      |                 |                    |                          |      |                                   |                          |                          |      |  |                          |                          |      |                           |                          |                          |   |   |                          |                   |                 |   |                          |           |                |  |                          |      |      |  |                          |      |     |  |                          |      |     |  |                          |      |       |  |                          |      |       |  |                          |      |     |                  |                          |      |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |  |                          |      |     |  |                          |      |     |   |                                     |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |                    |  |                         |  |                                    |  |  |  |
| 1403  | 290             | Request for oral hearing  | <input type="checkbox"/>  |           |                 |          |      |                 |                    |                          |      |                                   |                          |                          |      |  |                          |                          |      |                           |                          |                          |   |   |                          |                   |                 |   |                          |           |                |  |                          |      |      |  |                          |      |     |  |                          |      |     |  |                          |      |       |  |                          |      |       |  |                          |      |     |                  |                          |      |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |  |                          |      |     |  |                          |      |     |   |                                     |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |                    |  |                         |  |                                    |  |  |  |
| 1451  | 1,510           | Petition to institute a public use proceeding   | <input type="checkbox"/>  |           |                 |          |      |                 |                    |                          |      |                                   |                          |                          |      |  |                          |                          |      |                           |                          |                          |   |   |                          |                   |                 |   |                          |           |                |  |                          |      |      |  |                          |      |     |  |                          |      |     |  |                          |      |       |  |                          |      |       |  |                          |      |     |                  |                          |      |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |  |                          |      |     |  |                          |      |     |   |                                     |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |                    |  |                         |  |                                    |  |  |  |
| 1452  | 110             | Petition to revive - unavoidable  | <input type="checkbox"/>  |           |                 |          |      |                 |                    |                          |      |                                   |                          |                          |      |  |                          |                          |      |                           |                          |                          |   |   |                          |                   |                 |   |                          |           |                |  |                          |      |      |  |                          |      |     |  |                          |      |     |  |                          |      |       |  |                          |      |       |  |                          |      |     |                  |                          |      |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |  |                          |      |     |  |                          |      |     |   |                                     |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |                    |  |                         |  |                                    |  |  |  |
| 1453  | 1,330           | Petition to revive - unintentional  | <input type="checkbox"/>  |           |                 |          |      |                 |                    |                          |      |                                   |                          |                          |      |  |                          |                          |      |                           |                          |                          |   |   |                          |                   |                 |   |                          |           |                |  |                          |      |      |  |                          |      |     |  |                          |      |     |  |                          |      |       |  |                          |      |       |  |                          |      |     |                  |                          |      |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |  |                          |      |     |  |                          |      |     |   |                                     |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |                    |  |                         |  |                                    |  |  |  |
| 1501  | 1,330           | Utility issue fee (or reissue)  | <input type="checkbox"/>  |           |                 |          |      |                 |                    |                          |      |                                   |                          |                          |      |  |                          |                          |      |                           |                          |                          |   |   |                          |                   |                 |   |                          |           |                |  |                          |      |      |  |                          |      |     |  |                          |      |     |  |                          |      |       |  |                          |      |       |  |                          |      |     |                  |                          |      |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |  |                          |      |     |  |                          |      |     |   |                                     |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |                    |  |                         |  |                                    |  |  |  |
| 1502  | 480             | Design issue fee  | <input type="checkbox"/>  |           |                 |          |      |                 |                    |                          |      |                                   |                          |                          |      |  |                          |                          |      |                           |                          |                          |   |   |                          |                   |                 |   |                          |           |                |  |                          |      |      |  |                          |      |     |  |                          |      |     |  |                          |      |       |  |                          |      |       |  |                          |      |     |                  |                          |      |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |  |                          |      |     |  |                          |      |     |   |                                     |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |                    |  |                         |  |                                    |  |  |  |
| 1460  | 130             | Petitions to the Commissioner   | <input type="checkbox"/>  |           |                 |          |      |                 |                    |                          |      |                                   |                          |                          |      |  |                          |                          |      |                           |                          |                          |   |   |                          |                   |                 |   |                          |           |                |  |                          |      |      |  |                          |      |     |  |                          |      |     |  |                          |      |       |  |                          |      |       |  |                          |      |     |                  |                          |      |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |  |                          |      |     |  |                          |      |     |   |                                     |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |                    |  |                         |  |                                    |  |  |  |
| 1807  | 50              | Processing fee under 37 C.F.R. 1.17(a)  | <input type="checkbox"/>  |           |                 |          |      |                 |                    |                          |      |                                   |                          |                          |      |  |                          |                          |      |                           |                          |                          |   |   |                          |                   |                 |   |                          |           |                |  |                          |      |      |  |                          |      |     |  |                          |      |     |  |                          |      |       |  |                          |      |       |  |                          |      |     |                  |                          |      |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |  |                          |      |     |  |                          |      |     |   |                                     |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |                    |  |                         |  |                                    |  |  |  |
| 1806  | 180             | Submission of Information Disclosure Statement  | <input type="checkbox"/>  |           |                 |          |      |                 |                    |                          |      |                                   |                          |                          |      |  |                          |                          |      |                           |                          |                          |   |   |                          |                   |                 |   |                          |           |                |  |                          |      |      |  |                          |      |     |  |                          |      |     |  |                          |      |       |  |                          |      |       |  |                          |      |     |                  |                          |      |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |  |                          |      |     |  |                          |      |     |   |                                     |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |                    |  |                         |  |                                    |  |  |  |
| 1809  | 770             | Filing a submission after final rejection<br>(37 CFR § 1.129(a))  | <input type="checkbox"/>  |           |                 |          |      |                 |                    |                          |      |                                   |                          |                          |      |  |                          |                          |      |                           |                          |                          |   |   |                          |                   |                 |   |                          |           |                |  |                          |      |      |  |                          |      |     |  |                          |      |     |  |                          |      |       |  |                          |      |       |  |                          |      |     |                  |                          |      |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |  |                          |      |     |  |                          |      |     |   |                                     |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |                    |  |                         |  |                                    |  |  |  |
| 1810  | 770             | For each additional invention to be examined (37 CFR § 1.129(b))  | <input type="checkbox"/>  |           |                 |          |      |                 |                    |                          |      |                                   |                          |                          |      |  |                          |                          |      |                           |                          |                          |   |   |                          |                   |                 |   |                          |           |                |  |                          |      |      |  |                          |      |     |  |                          |      |     |  |                          |      |       |  |                          |      |       |  |                          |      |     |                  |                          |      |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |  |                          |      |     |  |                          |      |     |   |                                     |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |                    |  |                         |  |                                    |  |  |  |
| 1801  | 770             | Request for Continued Examination (RCE)   | <input checked="" type="checkbox"/>   |           |                 |          |      |                 |                    |                          |      |                                   |                          |                          |      |  |                          |                          |      |                           |                          |                          |   |   |                          |                   |                 |   |                          |           |                |  |                          |      |      |  |                          |      |     |  |                          |      |     |  |                          |      |       |  |                          |      |       |  |                          |      |     |                  |                          |      |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |  |                          |      |     |  |                          |      |     |   |                                     |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |                    |  |                         |  |                                    |  |  |  |
| 1802  | 900             | Request for expedited examination of a design application   | <input type="checkbox"/>  |           |                 |          |      |                 |                    |                          |      |                                   |                          |                          |      |  |                          |                          |      |                           |                          |                          |   |   |                          |                   |                 |   |                          |           |                |  |                          |      |      |  |                          |      |     |  |                          |      |     |  |                          |      |       |  |                          |      |       |  |                          |      |     |                  |                          |      |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |  |                          |      |     |  |                          |      |     |   |                                     |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |                    |  |                         |  |                                    |  |  |  |
| 1454  | 1330            | Acceptance of unintentionally delayed claim for priority under 35 U.S.C. 119, 120, 121, or 365 (a) or (c) | <input type="checkbox"/>  |           |                 |          |      |                 |                    |                          |      |                                   |                          |                          |      |  |                          |                          |      |                           |                          |                          |   |   |                          |                   |                 |   |                          |           |                |  |                          |      |      |  |                          |      |     |  |                          |      |     |  |                          |      |       |  |                          |      |       |  |                          |      |     |                  |                          |      |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |  |                          |      |     |  |                          |      |     |   |                                     |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |                    |  |                         |  |                                    |  |  |  |
| Other fee (specify) _____   |                 |   | <input type="checkbox"/>  |           |                 |          |      |                 |                    |                          |      |                                   |                          |                          |      |  |                          |                          |      |                           |                          |                          |   |   |                          |                   |                 |   |                          |           |                |  |                          |      |      |  |                          |      |     |  |                          |      |     |  |                          |      |       |  |                          |      |       |  |                          |      |     |                  |                          |      |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |  |                          |      |     |  |                          |      |     |   |                                     |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |                    |  |                         |  |                                    |  |  |  |
| Other fee (specify) _____   |                 |   | <input type="checkbox"/>  |           |                 |          |      |                 |                    |                          |      |                                   |                          |                          |      |  |                          |                          |      |                           |                          |                          |   |   |                          |                   |                 |   |                          |           |                |  |                          |      |      |  |                          |      |     |  |                          |      |     |  |                          |      |       |  |                          |      |       |  |                          |      |     |                  |                          |      |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |  |                          |      |     |  |                          |      |     |   |                                     |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |                    |  |                         |  |                                    |  |  |  |
| SUBTOTAL (2) (\$0)  |                 | SUBTOTAL (3) (\$ [770])   |   |           |                 |          |      |                 |                    |                          |      |                                   |                          |                          |      |  |                          |                          |      |                           |                          |                          |   |   |                          |                   |                 |   |                          |           |                |  |                          |      |      |  |                          |      |     |  |                          |      |     |  |                          |      |       |  |                          |      |       |  |                          |      |     |                  |                          |      |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |  |                          |      |     |  |                          |      |     |   |                                     |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |                    |  |                         |  |                                    |  |  |  |
| * Reduced by Basic Filing Fee Paid  |                 |   |   |           |                 |          |      |                 |                    |                          |      |                                   |                          |                          |      |  |                          |                          |      |                           |                          |                          |   |   |                          |                   |                 |   |                          |           |                |  |                          |      |      |  |                          |      |     |  |                          |      |     |  |                          |      |       |  |                          |      |       |  |                          |      |     |                  |                          |      |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |  |                          |      |     |  |                          |      |     |   |                                     |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |                    |  |                         |  |                                    |  |  |  |
| <p>1. BASIC FILING FEE – Large Entity</p> <table> <thead> <tr> <th>Code</th> <th>(S)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>1001</td> <td>770</td> <td>Utility filing fee</td> <td><input type="checkbox"/></td> </tr> <tr> <td>1002</td> <td>340</td> <td>Design filing fee</td> <td><input type="checkbox"/></td> </tr> <tr> <td>1004</td> <td>770</td> <td>Reissue filing fee</td> <td><input type="checkbox"/></td> </tr> <tr> <td>1005</td> <td>160</td> <td>Provisional filing fee</td> <td><input type="checkbox"/></td> </tr> </tbody> </table> <p>SUBTOTAL (1) (\$0)</p>  |                 |   | Code  | (S)       | Fee Description | Fee Paid | 1001 | 770             | Utility filing fee | <input type="checkbox"/> | 1002 | 340                               | Design filing fee        | <input type="checkbox"/> | 1004 | 770  | Reissue filing fee       | <input type="checkbox"/> | 1005 | 160                       | Provisional filing fee   | <input type="checkbox"/> | <p>Complete (if applicable)</p> <table> <tr> <td>Name (Print/Type)</td> <td>Mark A. Charles</td> <td>Registration No. (Attorney/Agent)</td> <td>51,547</td> <td>Telephone</td> <td>(513) 627-4229</td> </tr> <tr> <td>Signature</td> <td colspan="2"></td> <td colspan="2">Date</td> <td>August 3, 2004</td> </tr> </table> |   |                          | Name (Print/Type) | Mark A. Charles | Registration No. (Attorney/Agent)                           | 51,547                   | Telephone | (513) 627-4229 | Signature  |                          |      | Date |  | August 3, 2004           |      |     |  |                          |      |     |  |                          |      |       |  |                          |      |       |  |                          |      |     |                  |                          |      |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |  |                          |      |     |  |                          |      |     |   |                                     |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |                    |  |                         |  |                                    |  |  |  |
| Code  | (S)             | Fee Description   | Fee Paid  |           |                 |          |      |                 |                    |                          |      |                                   |                          |                          |      |  |                          |                          |      |                           |                          |                          |   |   |                          |                   |                 |   |                          |           |                |  |                          |      |      |  |                          |      |     |  |                          |      |     |  |                          |      |       |  |                          |      |       |  |                          |      |     |                  |                          |      |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |  |                          |      |     |  |                          |      |     |   |                                     |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |                    |  |                         |  |                                    |  |  |  |
| 1001  | 770             | Utility filing fee  | <input type="checkbox"/>  |           |                 |          |      |                 |                    |                          |      |                                   |                          |                          |      |  |                          |                          |      |                           |                          |                          |   |   |                          |                   |                 |   |                          |           |                |  |                          |      |      |  |                          |      |     |  |                          |      |     |  |                          |      |       |  |                          |      |       |  |                          |      |     |                  |                          |      |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |  |                          |      |     |  |                          |      |     |   |                                     |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |                    |  |                         |  |                                    |  |  |  |
| 1002  | 340             | Design filing fee   | <input type="checkbox"/>  |           |                 |          |      |                 |                    |                          |      |                                   |                          |                          |      |  |                          |                          |      |                           |                          |                          |   |   |                          |                   |                 |   |                          |           |                |  |                          |      |      |  |                          |      |     |  |                          |      |     |  |                          |      |       |  |                          |      |       |  |                          |      |     |                  |                          |      |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |  |                          |      |     |  |                          |      |     |   |                                     |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |                    |  |                         |  |                                    |  |  |  |
| 1004  | 770             | Reissue filing fee  | <input type="checkbox"/>  |           |                 |          |      |                 |                    |                          |      |                                   |                          |                          |      |  |                          |                          |      |                           |                          |                          |   |   |                          |                   |                 |   |                          |           |                |  |                          |      |      |  |                          |      |     |  |                          |      |     |  |                          |      |       |  |                          |      |       |  |                          |      |     |                  |                          |      |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |  |                          |      |     |  |                          |      |     |   |                                     |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |                    |  |                         |  |                                    |  |  |  |
| 1005  | 160             | Provisional filing fee  | <input type="checkbox"/>  |           |                 |          |      |                 |                    |                          |      |                                   |                          |                          |      |  |                          |                          |      |                           |                          |                          |   |   |                          |                   |                 |   |                          |           |                |  |                          |      |      |  |                          |      |     |  |                          |      |     |  |                          |      |       |  |                          |      |       |  |                          |      |     |                  |                          |      |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |  |                          |      |     |  |                          |      |     |   |                                     |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |                    |  |                         |  |                                    |  |  |  |
| Name (Print/Type)   | Mark A. Charles | Registration No. (Attorney/Agent)   | 51,547  | Telephone | (513) 627-4229  |          |      |                 |                    |                          |      |                                   |                          |                          |      |  |                          |                          |      |                           |                          |                          |   |   |                          |                   |                 |   |                          |           |                |  |                          |      |      |  |                          |      |     |  |                          |      |     |  |                          |      |       |  |                          |      |       |  |                          |      |     |                  |                          |      |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |  |                          |      |     |  |                          |      |     |   |                                     |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |                    |  |                         |  |                                    |  |  |  |
| Signature   |                 |   | Date  |           | August 3, 2004  |          |      |                 |                    |                          |      |                                   |                          |                          |      |  |                          |                          |      |                           |                          |                          |   |   |                          |                   |                 |   |                          |           |                |  |                          |      |      |  |                          |      |     |  |                          |      |     |  |                          |      |       |  |                          |      |       |  |                          |      |     |                  |                          |      |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |  |                          |      |     |  |                          |      |     |   |                                     |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |                    |  |                         |  |                                    |  |  |  |
| <p><b>SUBMITTED BY</b></p> <p>This collection of information is required by 37 CFR 1.17. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon individual case. Any comments on the amount of time you are required to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P. O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.</p> <p>FeeTrans due (Revised for P&amp;G Use 9/22/2002)</p> |                 |   |   |           |                 |          |      |                 |                    |                          |      |                                   |                          |                          |      |  |                          |                          |      |                           |                          |                          |   |   |                          |                   |                 |   |                          |           |                |  |                          |      |      |  |                          |      |     |  |                          |      |     |  |                          |      |       |  |                          |      |       |  |                          |      |     |                  |                          |      |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |  |                          |      |     |  |                          |      |     |   |                                     |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |                    |  |                         |  |                                    |  |  |  |